

Rollover/Plan-to-Plan Account Transfer-Deferred Compensation

Overnight Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
200 Hopmeadow Street, Simsbury, CT 06089

Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
PO Box 1583, Hartford, CT 06144-1583



Hartford Group Number:	Hartford Participant Number:	Social Security Number:
------------------------	------------------------------	-------------------------

Employer:

Participant Name: *Last, First, M.I.*

Mailing Address:

City:	State:	Zip:
-------	--------	------

Home Phone:	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	Work Phone:	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	Ext:
-------------	--	-------------	--	------

Complete one form for *each* rollover or transfer. Complete Section A or B and attach a current statement of your account of the amount you intend to rollover/ transfer. A statement of account must be provided for this request to be in good order.

A. ROLLOVER

I request that ☐ all amounts **or** ☐ \$_____ be liquidated from the retirement program indicated below and be credited to my Deferred Compensation account:

An eligible Rollover distribution from a Code Section: *Please check ONE and specify Account No.*

- ☐ 401 qualified plan (includes 401(k) or 403(a) qualified annuity plans.) **Account No.** _____
- ☐ 403(b) tax sheltered plan. **Account No.** _____
- ☐ 408 IRA, including simplified employee pension and simple retirement accounts. **Account No.** _____
- ☐ 457(b) eligible Deferred Compensation plan sponsored by a governmental employer. **Account No.** _____

Options 1 - 4 only available to participants of Governmental 457(b) Deferred Compensation plans.

B. PLAN-TO-PLAN TRANSFER Available to participants of all 457(b) Deferred Compensation plans.

☐ I request a Code Section 457(e)(10) plan-to-plan transfer of ☐ all amounts **or** ☐ \$_____ from a Code Section 457(b) eligible deferred compensation plan.

Former Employer: _____ Former Provider: _____

Former Group ID Number: _____ Former Participant Account Number: _____

Contact Person: _____ Phone Number: _____ Ext. _____

Authorized Plan Sponsor Signature: _____ **Date:** _____

C. ALLOCATION INFORMATION I elect to have the rollover or transfer amount allocated as follows. If no allocation information is provided, your transfer will be credited according to your current elections. See page 2 for investment choices. All investment choices may not be available in all jurisdictions.

_____ Investment Choice _____ %	_____ Investment Choice _____ %
_____ Investment Choice _____ %	_____ Investment Choice _____ %
_____ Investment Choice _____ %	_____ Investment Choice _____ %
_____ Investment Choice _____ %	_____ Investment Choice _____ %

D. PARTICIPANT AUTHORIZATION

Participant Signature: _____ **Date:** _____

E. CURRENT EMPLOYER ACCEPTANCE OF ROLLOVER OR TRANSFER

The authorized signature below certifies eligibility and acceptance of the rollover or transfer as instructed in this request.

Authorized Plan Sponsor Signature: _____ **Date:** _____

F. PAYMENT INFORMATION For payments made by ACH or Wire, forward to:

Mellon Bank
Three Mellon Bank Center
Pittsburgh, PA 15259-0001
Money Transfer Department
ABA-043000261
Account Number 1957963

Include the following information:

Credit Hartford Life – RPSC

For the benefit of: _____ Your Name

Re: _____ Employer Name

_____ Hartford Life Group #

_____ Your Participant #

For payments made by check, make check payable to:
Hartford Life Insurance Company for the benefit of _____

_____ Employee Name

_____ Social Security Number

**PLEASE WRITE THE COMPLETE NAME OF YOUR INVESTMENT
CHOICE AND PERCENTAGE ON PAGE 1 UNDER "ALLOCATION
INFORMATION".**

*Putnam International New Opportunities (13/2E)
 Janus Adviser International (BF/5N)
 American Century International Growth (CC6A)
 Hartford International Opportunities HLS(661M)
 Putnam Global Growth (BU/5V)
 Janus Worldwide (61/46/2C)
 Janus Adviser Worldwide (BG/5P)
 Invesco Small Company Growth (BB/5K)
 Franklin Small-Mid Cap Growth (AV/2V)
 Hartford Small Company HLS (SC/1I)
 Skyline Special Equities Portfolio (45/2H)
 Janus Enterprise (J2/3W)
 Hartford Midcap HLS (H7/2Q)
 Putnam Vista (35/2F)
 Hartford Capital Appreciation HLS (57/1J)
 American Century Equity Income (AC/5X)
 Janus Adviser Capital Appreciation (JD/6B)
 American Century Value (41/2P)
 Janus Twenty (34/2D)
 American Century Ultra (51/1O)
 Janus (J1/3Y)
 MFS Mass. Investors Growth Stock (BK/5T)
 Dreyfus Premier Third Century (AJ/5D)
 MFS Capital Opportunities (BH/5Q)
 Hartford Stock HLS (29/1E)
 Fidelity Advisor Growth & Income (24/2J)
 Fidelity Advisor Growth Opportunities (08/1R)
 American Century Income & Growth (67/47/20)
 Scudder Growth & Income (16/2L)
 Hartford Dividend & Growth HLS (56/1C)
 Hartford Index HLS (83/1A)
 Calvert Social Balanced (86/1N)
 Janus Balanced (JA/2U)
 Hartford Advisers HLS (53/1L)
 Fidelity Advisor Balanced (07/1T)
 Putnam High Yield Advantage (14/2T)
 MFS High Income (BJ/5R)
 Dreyfus Premier Core Bond (AL/5F)
 Hartford Bond HLS (30/1B)
 Hartford Mortgage Securities HLS (68/1D)
 Hartford Money Market HLS (28/1G)
 Dreyfus Life Time Growth (AG/5B)
 Dreyfus Life Time Growth & Income (AF/5A)
 Dreyfus Life Time Income (AH/5C)
 Invesco Technology (BC/5L)
 Hartford Global Technology HLS (H3/4D)
 Invesco Telecommunications (BD/5M)
 Invesco Financial Services (AY/5H)
 Invesco Leisure (BA/5J)
 Hartford Global Health HLS (H1/4E)
 MFS Utilities (BL/5U)
 General (Declared Interest Rate) Account

All investment choices may not be available in all jurisdictions. To determine the investment choices available under your Plan, please consult your plan sponsor or your enrollment materials, visit our website at <http://retire.hartfordlife.com>, call toll free at 1-800-528-9009 or contact your local Hartford Life representative. If an investment option which is unavailable is selected, this request will not be in good order.

*Closed to incoming transfers